

HOW I DO IT

Axillary Dissection: Preservation of the Pectoralis Minor

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Axillary dissection remains an important component of breast cancer surgery. Most surgeons continue to resect the pectoralis minor muscle to enable a full axillary dissection. One of the major constraints in pectoralis minor sparing axillary dissection is the limitation to medial retraction of the muscle. Complete mobilisation of the pectoralis minor muscle, achieved after incising along the medial border, allows the muscle to be retracted laterally with a Morris retractor, thus allowing access to the Level 3 axillary contents. Care is exercised to preserve the pectoralis nerve at the lateral border. A similar instrument is placed at right angles to retract the pectoralis major medially (Fig. 1). The two retractors allow an excellent view and tend to support each other. The use of surgiclips facilitates control of the small vessels at the apex, and the specimen can be delivered from behind the pectoralis minor muscle into the main field to complete the dissection.

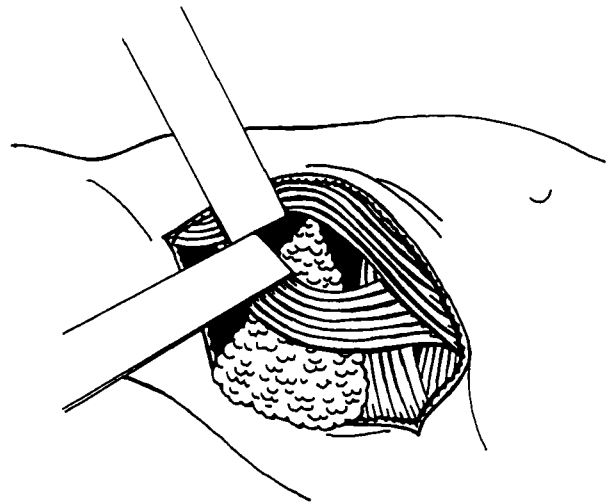


Fig. 1. Retractor positions and view of axillary contents.

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